

DECLARATION AND POWER OF ATTORNEY FOR CONTINUATION-IN-PART APPLICATION

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the improvement in: CUTTER CASSETTE AND CUTTING DEVICE

described and claimed in the specification:

- a. ☒ attached hereto;
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable);

and that this application in part discloses and claims subject matter disclosed in the earlier filed pending application, Application No. 10/073,176, filed February 13, 2002. I hereby state that I have reviewed and understand the contents of this application, including the claims, as amended by any amendment referred to above; and that I acknowledge my duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to said earlier filed pending application are hereby claimed:

Japanese Patent Application No. 2001-040560 filed February 16, 2001

As to any and all subject matter of this application which is not common to said earlier application, I acknowledge my duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

The following application(s) for patent or inventor's certificate on such subject matter were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

James A. Oliff, Registration No. 27,075; William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411;
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Christopher W. Brown, Registration No. 38,025; Richard E. Rice, Registration No. 31,560;
Paul Tsou, Registration No. 37,956; and Eric D. Morehouse, Registration No. 38,563.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320. TELEPHONE: (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name
of First or Sole Inventor*

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

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1 *Typewritten Full Name of Third Joint Inventor (if any)*
Given Name Middle Initial Family Name

2 **INVENTOR'S SIGNATURE:

3 **DATE OF SIGNATURE:
Month Day Year

Residence: City State or Province Country

Citizenship:

Post Office Address:
(Insert complete mailing address, including country)

**NOTE TO INVENTOR(S): Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN THREE INVENTORS USE PAGE 3 AND PLACE AN "X" HERE ☐.